

906 KAR 1:070. Networks.

RELATES TO: KRS 216.900-216.915

STATUTORY AUTHORITY: KRS 216.915

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216.915 mandates that the Cabinet for Human Resources promulgate administrative regulations necessary to implement health care delivery networks. This administrative regulation responds to provisions of KRS 216.905 which requires obtaining a license from the cabinet before operating or maintaining a network.

Section 1. Licensing Issuance. (1) The network shall be licensed in accordance with 902 KAR 20:008.

(2) The network shall designate a specific address to which the license shall be issued which shall be the primary location. The licensee may also designate one (1) extension per physician employed by the network to be included as a part of the network's license.

Section 2. Administration. (1) Policies. The network shall establish and follow written administrative policies covering all aspects of operation, including:

(a) A description of organizational structure, staffing and allocation of responsibility and accountability;

(b) A description of linkages with inpatient facilities and other providers;

(c) A written program narrative describing in detail the service(s) offered, methods and protocols for service delivery, qualifications of personnel involved in the delivery of the services, and goals of the service(s);

(d) Procedures to be followed relating to the storage, handling and administration of drugs and biologicals;

(e) A description of the process utilized by the network to evaluate the health care needs of its community and the network's response to these needs; and

(f) A description of how the network will assure twenty-four (24) hour seven (7) day per week access to health care for its patients.

(2) Personnel.

(a) Medical director. The network shall have a medical director who is a licensed physician responsible for all medical aspects of the network.

(b) Staffing requirements.

1. The number of personnel required shall be based on: the number of patients, amount and type of care provided, program needed to meet the needs of patients as determined by the definitions of care and services required by this administrative regulation and the statutes relating to networks.

2. There shall be written personnel policies which are made available to all employees.

(c) There shall be a written job description for each position which shall be reviewed and revised as necessary.

(d) Current personnel records shall be maintained for each employee which include the following:

1. Name, address and Social Security number;

2. Evidence of current registration, certification or licensure of personnel;

3. Records of training and experience; and

4. Records of performance evaluation.

(3) In-service training. All personnel shall participate in ongoing in-service training programs relating to their respective job activities. Training shall include a thorough job orientation for new employees.

(4) Medical records.

(a) The network shall maintain medical records in the problem-oriented format and shall contain

the following:

1. Medical or social history relevant to the services provided including data obtainable from other providers;
 2. Name of referring physician, and any orders for special diagnostic services;
 3. Description of each medical visit or contact, to include condition or reason necessitating visit or contact, assessment, diagnosis, services provided, medications and treatments prescribed, medical personnel involved and disposition made;
 4. Reports of all physical examinations, laboratory and other test findings relevant to the services provided; and
 5. Documentation of all referrals made, including reason for referral, to whom patient was referred, and any information obtained from referral source.
- (b) Confidentiality of all patient records shall be maintained at all times.
- (c) Transfer of records. The network shall establish systematic procedures to assist in continuity of care where the patient moves to another source of care, and the network shall, upon proper release, transfer medical records or an abstract thereof when requested.
- (d) Retention of records. After patient's death or discharge the completed medical record shall be placed in an inactive file and retained for five (5) years or in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is longer.
- (e) A specific location shall be designated by the network for the storage and maintenance of medical records.
- (f) Provision shall be made for written designation of a specific location for the storage of medical records in the event the network ceases to operate. The licensee shall safeguard the record and its content against loss, defacement and tampering.

Section 3. Provision of Services. (1) Equipment used for direct patient care by a network shall comply with the following:

- (a) The licensee shall establish and follow a written preventive maintenance program to ensure that equipment shall be operative and properly calibrated;
- (b) All personnel engaged in the operation of diagnostic equipment shall have adequate training and be currently licensed, registered or certified in accordance with applicable state statutes and administrative regulations; and
- (c) There shall be a written training plan for the adequate training of personnel in the safe and proper usage of the equipment.
- (2) Diagnostic services shall be performed in accordance with the network's protocol, and developed by the medical director. Examination services shall be provided in a manner which ensures the greatest amount of safety and security for the patient.
- (3) Treatment services shall be performed in accordance with the network's protocols.
- (a) The work shall have a written description of the services the network provides directly and those provided through agreement;
- (b) The network shall develop and maintain written protocols (i.e. standing orders, rules of practice, and medical directives) which apply to services provided by the network and which explicitly direct the step-by-step collection of subjective and objective data from the patient. The protocols shall further direct data analysis, direct explicit medical action depending upon the data collected, and include rationale for each decision made.
- (c) If the network dispenses medication, each dose of medication given, and the name and qualifications of the personnel who gave the medication, shall be recorded in the patient's record.
- (4) Quality assurance and annual evaluation.
- (a) The network shall carry out, or arrange for an annual evaluation of its total program, shall consider the findings of the evaluation, and take corrective action, if necessary. The evaluation shall in-

clude:

1. The utilization of network's services including at least the number of patients served and the volume of services;
2. A representative sample of both active and closed clinical records; and
3. The networks health care policies.

(b) Quality assurance program. The network shall have a written quality assurance plan designed to ensure that there is an ongoing quality assurance program that includes effective mechanisms for reviewing and evaluating patient care, and that provides for appropriate response to findings. The written quality assurance plan shall be approved by the board and the licensee and shall:

1. Assign responsibility for the monitoring and evaluation activities;
2. Delineate scope of care provided by the network;
3. Identify the aspects of care that the network provides;
4. Identify indicators (and appropriate clinical criteria) that can be used to monitor these aspects of care;
5. Establish thresholds for the indicators at which further evaluation of the care is triggered;
6. Collect and organize the data for each indicator;
7. Evaluate the care when the thresholds are reached in order to identify problems or opportunities to improve care;
8. Take actions to correct identified problems or to improve care;
9. Assess the effectiveness of the actions and document the improvement in care; and
10. Communicate relevant information to other individuals, departments, or services as to the network wide quality assurance program.

Section 4. Housekeeping and Maintenance Services. (1) Housekeeping. The clinic shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other sources.

(2) Maintenance. The premises shall be well kept and in good repair. Requirements shall include:

(a) The network shall insure that the grounds are well kept and the exterior of the building, including the sidewalks, steps, porches, ramps, and fences are in good repair;

(b) The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing and electrical fixtures shall be in good repair. Windows and doors which can be opened for ventilation shall be screened;

(c) Garbage and trash shall be removed from the premises regularly. Containers shall be cleaned regularly;

(d) A pest control program shall be in operation in the clinic. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control company. The compounds shall be stored under lock. (17 Ky.R. 2130; eff. 1-23-91.)